

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01 / 16 / 05    4 / 7 / 05		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

FRED A. RANGEL

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Committee to Elect Fred Rangel

COMMITTEE ADDRESS

6111 BORDER TRAIL, SATE 78240

COMMITTEE CAMPAIGN TREASURER NAME

Richard Rangel

COMMITTEE CAMPAIGN TREASURER ADDRESS

6111 BORDER TRAIL SATE 78240

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2400.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4269.37

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

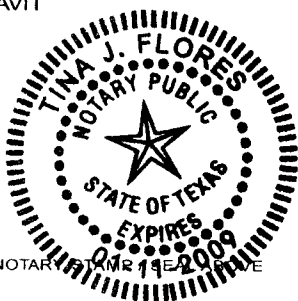
\$ 137.39

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5771.98

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Fred A Rangel, this the 8th day of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

TINA J. Flores

Printed name of officer administering oath

notary

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

RICHARD RANGEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/25/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

FRANK RANGEL

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

FLAMING  
9631 RUN SATX 78023

9 Principal occupation / Job title (See Instructions)

DIRECTOR FUJICOLOR PROCESSING

10 Employer (See Instructions)

FUJICOLOR

Date

3/28

Full name of contributor

☐ out-of-state PAC (ID#)

SEBASTIAN RUIZ

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6922 CACTUS MEADOWS SATX 782

\$350.00

SHIRTS

Principal occupation / Job title (See Instructions)

TRUCKING

Employer (See Instructions)

RUIZ TRUCKING

Date

3/28

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE RUIZ

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6922 CACTUS MEADOWS SATX

\$350-

SHIRTS

Principal occupation / Job title (See Instructions)

HWF

Employer (See Instructions)

N/A

Date

3/19

Full name of contributor

☐ out-of-state PAC (ID#)

GILBERT RANGEL

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4147 TALLULAH LN 78218

\$480.00

CARPET

Principal occupation / Job title (See Instructions)

FLOOR COVERING

Employer (See Instructions)

SELF

Date

3/9

Full name of contributor

☐ out-of-state PAC (ID#)

JO ANN RANGEL

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4147 TALLULAH LN 78218

\$500-

CARPET

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

BENEFIT PLANNERS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 2

2 FILER NAME

*Richard Rangel*

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-25-05

5 Full name of contributor

☐ out-of-state PAC (ID#)

*ARMANDO MARTINEZ*

6 Contributor address; City; State; Zip Code

*5555 FARMERSBURG ROAD SA TX 78229*

7 Amount of contribution (\$)

*200.00*

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

*Architect/Owner*

10 Employer (See Instructions)

*Arch. Design Assoc.*

Date

3-23-05

Full name of contributor

☐ out-of-state PAC (ID#)

*PAUL ZAVALA*

Contributor address; City; State; Zip Code

*203 GENERAL KNOX ST SA TX 782*

Amount of contribution (\$)

*\$10.00*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

*POLICE OFFICER*

Employer (See Instructions)

*S.A.P.D.*

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;           City;   State;   Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;           City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;           City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;           City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;           City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

RICHARD R RANGEL, TREASURER

**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 3411.98

**5** Date of loan

2/1/05

**7** Name of lender☐ out-of-state PAC (ID# \_\_\_\_\_)

FRED A. RANGEL

**9** Loan Amount (\$)

3411.98

**6** Is lender a financial institution?

Y

☒ N**8** Lender address; City; State; Zip Code

6102 BOWEN MAIL SATX 78240

**10** Interest rate

0%

**11** Maturity date

N/A

**12** Principal occupation / Job title (See Instructions)

Architectural Consultant

**13** Employer (See Instructions)

SELF

**14** Description of Collateral☒ none**15** GUARANTOR INFORMATION☒ not applicable**16** Name of guarantor**17** Guarantor address; City; State; Zip Code**18** Amount Guaranteed (\$)**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 6	
2 FILER NAME <i>Richard R. Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/7/05</i>	5 Payee name <i>City of San Antonio</i>	7 Amount (\$) <i>\$100</i>	
6 Payee address; City, State, Zip Code <i>P.O. BOX 839966 SA TX 78283</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Filing FEE</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>FRED RANGEL</i> CC DIST 7 Office sought: <i>CC DIST 7</i> <input checked="" type="checkbox"/> Office held	
Date <i>2/9</i>	Payee name <i>BRAUN STATION WEST</i>	Amount (\$) <i>\$75.00</i>	
Payee address; City, State, Zip Code <i>9442 BRAUN SA TX 78254</i>			
Purpose of payment (See instructions regarding type of information required.) <i>CLUB HOUSE RENTAL</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>F. A. RANGEL</i> CC DIST 7 Office sought: <i>CC DIST 7</i> <input checked="" type="checkbox"/> Office held	
Date <i>2/11/05</i>	Payee name <i>MUNGIA PRINTERS</i>	Amount (\$) <i>\$623.87</i>	
Payee address; City, State, Zip Code <i>2201 BUENAVISTA SA TX 78207</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>F A RANGEL</i> CC DIST 7 Office sought: <i>CC DIST 7</i> <input checked="" type="checkbox"/> Office held	
Date <i>2/22/05</i>	Payee name <i>S. VALDEZ Photography</i>	Amount (\$) <i>\$155.00</i>	
Payee address; City, State, Zip Code <i>2840 WILDCHERRY SA TX 78154</i>			
Purpose of payment (See instructions regarding type of information required.) <i>PHOTOGRAPHY</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>F A RANGEL</i> CC DIST 7 Office sought: <i>CC DIST 7</i> <input checked="" type="checkbox"/> Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 6

2 FILER NAME

Richard A. Lange

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/05

5 Payee name

City of San Antonio

6 Payee address, City, State, Zip Code

P.O. Box 839975 SA TX 78283

7 Amount (\$)

\$76.50

8 Purpose of payment (See instructions regarding type of information required.)

MAD

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Lange / CC Dist 7

Date

2/28/05

Payee name

Bank of America

Payee address, City, State, Zip Code

7333 WURZBACH SA TX 78229

Amount (\$)

\$200.00

Purpose of payment (See instructions regarding type of information required.)

New Acct

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Lange / CC Dist 7

Date

3/9/05

Payee name

Stell

Payee address, City, State, Zip Code

Huebner Rd SA TX 78240

Amount (\$)

\$138.97

Purpose of payment (See instructions regarding type of information required.)

GASOLINE

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Lange / CC Dist 7

Date

3/10

Payee name

EASY DRIVE

Payee address, City, State, Zip Code

904 ROLL SA TX 78207

Amount (\$)

\$122.84

Purpose of payment (See instructions regarding type of information required.)

STAKES

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Lange / CC Dist 7

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME

Richard A. Rangel

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12

5 Payee name

SHELL

6 Payee address; City; State; Zip Code

Houston SATX 78240

7 Amount (\$)

\$3.43

8 Purpose of payment (See instructions regarding type of information required.)

Misc Exp.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

F A Rangel CC 0577

Date

3/14

Payee name

City South

Payee address; City; State; Zip Code

134 S. FLORES SATX 78201

Amount (\$)

\$150.00

Purpose of payment (See instructions regarding type of information required.)

DONATION - Mayors Gala

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

3/11

Payee name

Election Support Sucs

Payee address; City; State; Zip Code

5309 McCollough SATX 78212

Amount (\$)

\$382.43

Purpose of payment (See instructions regarding type of information required.)

Election Sucs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

F A Rangel CC 0577

Date

3/11

Payee name

Bill Miller's BBQ

Payee address; City; State; Zip Code

1 Bandera SATX 782

Amount (\$)

\$27.66

Purpose of payment (See instructions regarding type of information required.)

Food Sucs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

F A Rangel CC 0577

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 6

2 FILER NAME

RICHARD A. RANGEI

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/18/05

5 Payee name

HEB

6 Payee address: City, State, Zip Code

DABCOCK SATX 78240

7 Amount (\$)

\$40.40

8 Purpose of payment (See instructions regarding type of information required.)

Misc Food/Supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

F A Rangei CC Dis 7

Date

3/19

Payee name

JESSE CASANOVA

Payee address: City, State, Zip Code

C. CHASEY ROAD SATX

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Office Painting

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

F A Rangei CC Dis 7

Date

3/19

Payee name

TARA JOHNS

Payee address: City, State, Zip Code

2400 Benders Rd SATX

Amount (\$)

\$64.67

Purpose of payment (See instructions regarding type of information required.)

Food SVC

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

F A Rangei CC Dis 7

Date

3/19

Payee name

TACK in the Box

Payee address: City, State, Zip Code

FREDERICKSBURG Rd SATX

Amount (\$)

\$38.66

Purpose of payment (See instructions regarding type of information required.)

Food SVC

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

F A Rangei CC Dis 7

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 6

2 FILER NAME

Richard Rangel

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/20

5 Payee name

Sylvia's Castillo

6 Payee address; City; State; Zip Code

250 JEBUNKS SA TX

7 Amount (\$)

\$120.00

8 Purpose of payment (See instructions regarding type of information required.)

Office Cleaning

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Rangel CC Dist 7

Date

1/20

Payee name

Jim's Restaurants

Payee address; City; State; Zip Code

Hillcrest SA, TX

Amount (\$)

\$29.13

Purpose of payment (See instructions regarding type of information required.)

Staff Mtg

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Rangel CC Dist 7

Date

3/17

Payee name

DOLLAR GENERAL STORE

Payee address; City; State; Zip Code

Loop 410 SA TX

Amount (\$)

\$60.76

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Rangel CC Dist 7

Date

4/2

Payee name

Lois Round

Payee address; City; State; Zip Code

10822 FM 1560 SA TX 78254

Amount (\$)

\$50

Purpose of payment (See instructions regarding type of information required.)

Distribution SVCs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

FA Rangel CC Dist 7

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES				SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule F: <b>6 of 6</b>	
2 FILER NAME <b>RICHARD R. RANGEL, Treasurer</b>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/6</b>	5 Payee name <b>WAL MART</b>	7 Amount (\$) <b>\$50.05</b>			
6 Payee address; City; State; Zip Code <b>Benders Road SA 78240</b>					
8 Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies</b>			9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>FA RANGEL CC Dist 7</b> Office sought: Office held: <input checked="" type="checkbox"/>		
Date <b>3/25</b>	Payee name <b>ALLIED PAINTING</b>	Amount (\$) <b>\$500.00</b>			
Payee address; City; State; Zip Code <b>3700 BLUNCO SA 78212</b>					
Purpose of payment (See instructions regarding type of information required.) <b>Signage</b>			-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>FA Rangel CC Dist 7</b> Office sought: Office held: <input checked="" type="checkbox"/>		
Date <b>3/16</b> <b>3/26</b>	Payee name <b>DRUG #7 PROPERTIES</b>	Amount (\$) <b>\$1000.00</b>			
Payee address; City; State; Zip Code <b>7700 Broadway SA 78209</b>					
Purpose of payment (See instructions regarding type of information required.) <b>HQTR'S LEASE</b>			-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>FA Rangel CC Dist 7</b> Office sought: Office held: <input checked="" type="checkbox"/>		
Date <b>3/27</b>	Payee name <b>FRANK RANGEL</b>	Amount (\$) <b>\$22.61</b>			
Payee address; City; State; Zip Code <b>6111 Bond St SA 78240</b>					
Purpose of payment (See instructions regarding type of information required.) <b>REIMB PAINT MATERIALS</b>			-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>FA Rangel CC Dist 7</b> Office sought: Office held: <input checked="" type="checkbox"/>		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Business name

**7** Amount  
(\$)

**6** Business address; City; State; Zip Code

**8** Purpose of payment (See instructions regarding type of information required.)

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder. \*\***

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

**\*\* Complete this section only if you are an officeholder \*\***

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder